REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

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Examiner Name	Philip J. Chea	
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I hereby revoke all previous powers of attorney given in the above-identified application:						
☐ A Power of Attorney is submitted herewith. OR ☐ I hereby appoint the practitioners associated with Customer Number: 08791						
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I am the: ☐ Applicant. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of forms are submitted.						